

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13	1					
14	1					
15						
16	1					
17						
18						
19						
20						
21						
22	1					
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35	1					
36						
37						
38						
39						
40						
41						
42						
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
55						
56						
57		1				
58						
59						
60						
61						
62						
63						
64	1					
65						
66						
67	1					
68						
69						
70	1					
71	1					
72	1					
73	1					
74	1					
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		19				
TOTAL DEP.		49				
TOTAL CLAIMS		118				